

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
23		1				
24		4				
25		0				
26			1			
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43			1			
44				1		
45			1			
46				1		
47			1			
48				1		
49				1		
50				1		
TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS			1			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52	1					
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97						
98						
99						
100						
TOTAL IND.			6			
TOTAL DEP.			27			
TOTAL CLAIMS			27			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS